Developmental Disabilities (DD) Waiver Provider Training

Documentation Standards and Electronic Visit Verification (EVV)

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
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Wyoming Department of Health

HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Good afternoon and thank you for joining today's Developmental Disabilities Waiver provider training. My name is Eric Cralley. I am an Incident Management Specialist for the Provider Support Unit. Today's training will cover Documentation Requirements and Electronic Visit Verification, which we will refer to as EVV.

To provide clarification on the documentation standards for the Comprehensive and Supports Waivers and the role EVV plays in documentation standards.

The purpose of today's training is to provide clarification on the documentation standards for the Comprehensive and Supports waivers, which we will refer to as the DD waivers. This training will cover the documentation standards required by Wyoming Medicaid Rule Chapter 45 and the role EVV plays in documentation standards.

Training Agenda

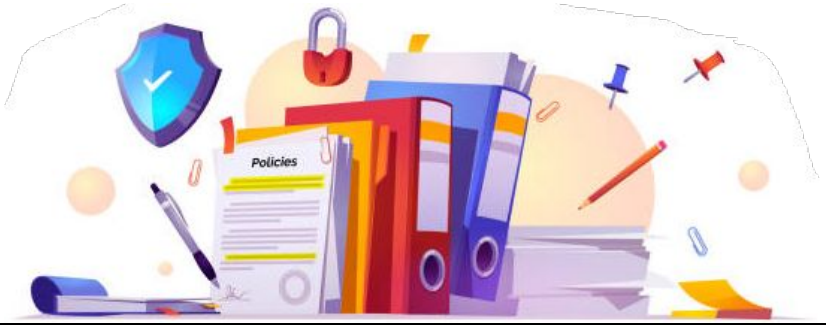
- Review documentation standards and required timelines outlined in Chapter 45, Section 8
- Define the role of EVV plays in documentation, and
- Discuss the importance of documentation access and review

By the end of this training we will have:

- Reviewed the documentation standards outlined in Chapter 45, Section 8, as well as the timelines associated with documentation and service claims;
- Defined the role that EVV plays in documentation and its limitations; and
- Discussed the importance of documentation access and review.

HCBS Authority

- HCBS Section oversees the DD Waiver program
- According to CMS waiver agreements
- Supported by Medicaid rules
  - Chapter 45
  - Chapter 3
  - Chapter 16

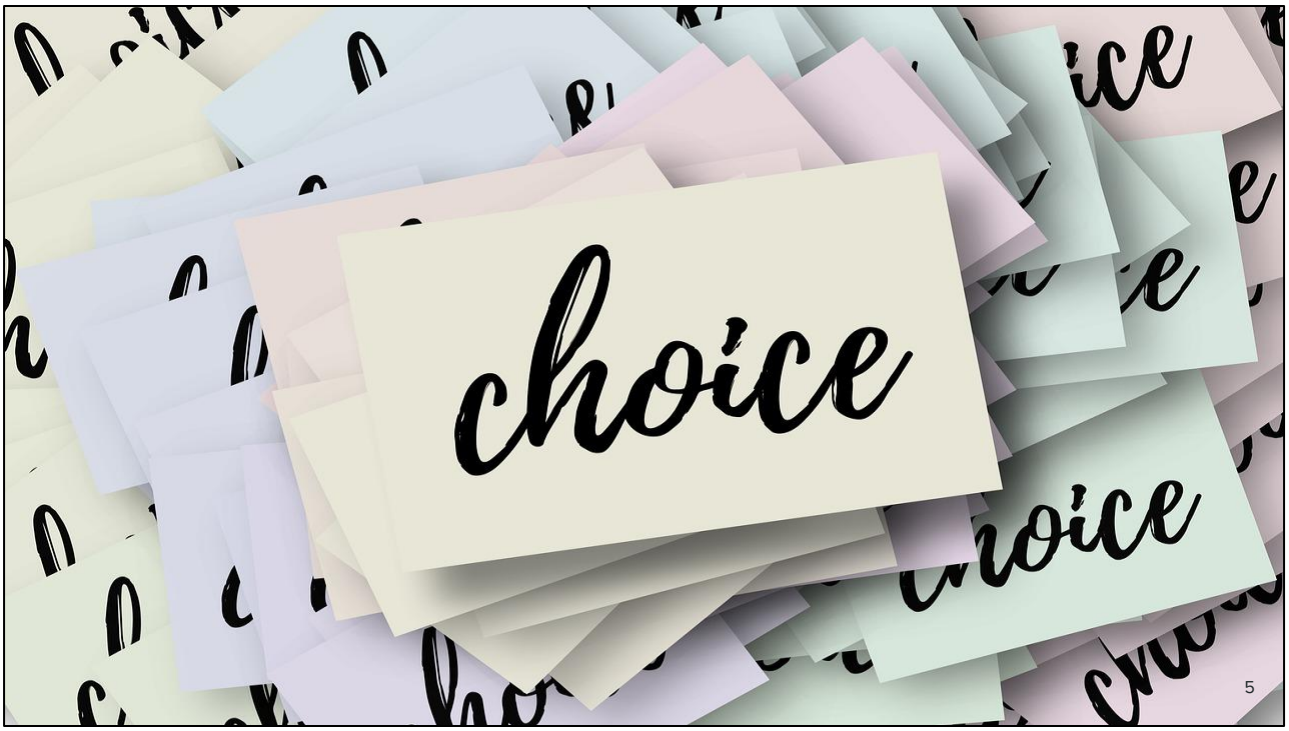


4

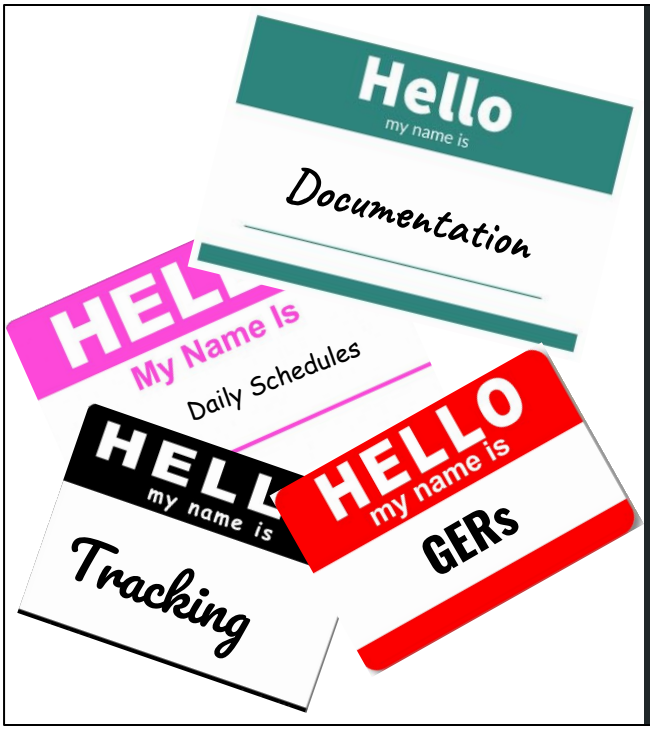
As we begin our training topic today, it is important that providers understand the authority of the Section that oversees Home and Community Based Services, which we refer to as HCBS. The HCBS waiver program, which includes the DD waivers, is authorized through the agreements approved by the Centers for Medicare and Medicaid Services, also known as CMS. The agreements lay out the unique population the waiver supports, how they will be supported through services, and requirements of waiver providers, case managers, and the State.

The waiver agreements are further supported through the Wyoming Medicaid rules. The DD waivers are specifically addressed in Wyoming Medicaid Rules Chapters 44 through 46. Today's training will focus on Chapter 45: DD Waiver Provider Standards, Certification, and Sanctions.

Just as a reminder, all waiver providers sign the Wyoming Medicaid Provider agreement, often referred to only as the provider agreement. This agreement is a provider's acknowledgement of their role as outlined in the contract and agreement to comply with the rules of the program. Medicaid is a vast program with many services and rules. For the purposes of today's training we may also touch on Chapter 3 titled "Provider Enrollment and Participation, Pre-Authorization, Payment and Submission of Claims," as well as Chapter 16 titled "Medicaid Program Integrity."



If you have joined us for previous trainings, you may remember that a theme throughout all waiver trainings is the fact that HCBS waiver services are based on the tenet that people have the freedom to make choices that impact their lives. It is the responsibility of all DD Waiver providers to offer and respect participant choice. Documentation should demonstrate how participants were offered choices, and how those choices were respected. This documentation ensures provider accountability and reflects the work that providers are doing.



The documentation components outlined in Chapter 45, Section 8 are required to be present, accurate, and easily understood by a 3rd party.

6

The next few slides will be a brief overview of the expectations for DD waiver documentation, but before we jump in, it is important to point out that service documentation may go by another name within your organization. Documentation standards are universal across the various waiver-required documentation, such as daily tracking, as well as both internal and external incident reports. The components outlined in Chapter 45, Section 8 are required to be present, accurate, and easily understood by a 3rd party.

DD Waiver Documentation

- Chapter 45, Section 8 outlines DD waiver documentation standards.
- All providers must ensure they meet the standards to support their billing claims.
- Documentation must demonstrate the participant's needs being met, and should also identify the provider's action in supporting the participant.

Section 8 establishes the documentation standards for providers of all DD Waiver services. These standards are in addition to the standards outlined in Chapter 3. All providers are required to verify that they have read and understand the documentation standards, and ensure that they meet the standards for the documentation they use to support their billing claims.

One purpose of documentation is to support the claim that will ultimately be submitted so the provider can be paid for the service, as well as demonstrate how providers are meeting the participant's needs. Although documentation should include information on what the participant did, it is equally important for the documentation to clearly outline what the provider did to support the participant.

Documentation Components

Each physical page must include:

- Participant full legal name
- IPC start date
- Service name and code
- Legible signature of each person providing the service

Additionally DD providers must include:

- Location of services
- Date of service
- Time service began and ended
- An initial or signature of person performing the service
- Detailed description of the services provided

8

There is no preferred or required method of documentation; documentation can be handwritten or electronic. Chapter 45, Section 8, which mirrors the requirements outlined in Chapter 3 requires each “physical page of documentation” to include:

- The full legal name of the participant;
- The start date of the IPC;
- The name of the service that is being documented and the billing code for the service; and
- A legible signature of each person performing the service should be included on every page if initials are being used to identify the provider or staff member who is creating the documentation.

Additionally, DD waiver providers must include:

- Physical address of the location of services, unless provided in the community;
- Date of the service, including year, month, and day;
- Time services begin and end;
- An initial or signature of the person performing the service; and
- Detailed description of the services provided.

Documentation Resources

- Documentation Standards form in the HCBS Library, DD *Certification Forms* tab
- Example "schedules" in the HCBS Library, *DD Examples/Templates* tab

- Module #10 : Record Keeping, Data Collection, and Documentation Standards is available on the HCBS Training page, in the *DD Providers Initial Provider Training* toggle.

9

During initial certification and when renewing certification, providers must sign and submit an acknowledgement that they understand and will adhere to the documentation standards. The Documentation Standards form is located in the HCBS Document Library of the HCBS website.

An additional resource for providers in the HCBS Document library is the example "Schedule." The two schedule versions available are specific to a non-habilitative service and a habilitative service, which includes goal tracking.

All DD waiver providers are required to participate and provide evidence of training covering the topic of documentation. Module 10 of the DD Initial Provider Training Series titled "Provider Record Keeping, Data Collection, and Documentation Standards" must be reviewed prior to completing initial certification. This training has been presented in previous DD provider support calls and is available on the Training page of the HCBS website.

Documentation requirements have not changed, but now includes EVV data for many waiver services.

Right about now you might be wondering “if providers have to complete a training and sign an acknowledgement, why is the HCBS Section talking about documentation again?” The answer to that question is change. To be clear, we have not changed the requirements that you have agreed to and are outlined in the rules and training.

What has changed is the required use of electronic visit verification, or EVV, for many waiver services.

Electronic Visit Verification

- Federally requirement of the 21st Century Cures Act
- CareBridge partners with the Wyoming Department of Health to provide EVV
- EVV is required for:
  - Child Habilitation
  - Companion
  - Personal Care
  - Respite
  - Skilled Nursing
- Time and location data are captured and used to validate claims
- Service claims requiring EVV data will not be processed without the EVV data

CAREBRIDGE

11

EVV is a federal requirement of the 21st Century Cures Act. The HCBS Section partnered with CareBridge to comply with this new federal regulation and launched EVV on February 15, 2022. If you are a provider of:

- Child Hab
- Companion
- Personal Care
- Respite or
- Skilled Nursing

You must be enrolled in and use EVV to have claims processed for payment. The Carebridge system validates the time and location information associated with the claim and processes. Without the EVV data, claims will not be processed and providers cannot be paid.

EVV Documentation

- EVV data does not include all of the required components outlined in Chapter 45, Section 8.
- Providers are required to include all components in their documentation.

12

So then is EVV all the documentation you need? The short answer is no. The information collected through EVV does not comply with all of the required components that we discussed in the previous section of this training. EVV uses technology to electronically capture information about when and where HCBS services begin and end. Since the data collected through EVV does not meet all required documentation standards, providers must also meet the additional documentation components established in Chapter 45, Section 8.

As an example, Lucy provides companion services for Charlie three afternoons a week. Lucy usually picks Charlie up from work and then goes to the park, the library, or for a walk. When Charlie gets into Lucy's car they clock into service using their smartphones. After their walk and a quick dinner, Lucy takes Charlie home and they clock out of services. Before Lucy can consider her documentation complete, she will need to fill out her service documentation. In her documentation template for Charlie, she records the locations they visited during their time together, makes notes about Charlie's mood, what he had to eat, and how she supported Charlie during services. She then completes her documentation by verifying her clock in and out times in her EVV App.

Piecing it Together

- EVV is an important piece of the documentation puzzle
- Providers can utilize to monitor hours, staffing, and improve claim accuracy
- Case Managers can utilize EVV documentation to verify participant service locations and duration, as well as improve billing accuracy to ensure the participant's budget will last through the plan year

EVV is an important and helpful piece to the documentation puzzle for both providers and case managers. It provides data to support service documentation. For providers with staff, this is a great way to verify clock in and out times that assist with determining staff hours and improving your accuracy for units on claims submissions. For case managers, EVV is not just more documentation to review! It is a way to verify and review unit utilization for participant budgets with more accuracy. The Division is aware of the inconvenience associated with case manager's accessing each participant's EVV records. Carebridge is working on an update to simplify case manager access to participant information. CareBridge will provide more information as it becomes available.

Going back to our example: Lucy submits Charlie's service documentation to his case manager, Linus. Linus reviews the service documentation to ensure the necessary information is captured accurately. Linus reviews the number of units Lucy recorded and compares it to the number of units recorded by EVV. Linus is able to update his documentation to indicate that Charlie's budget is on track and will last for the remainder of the plan year.

Timely Documentation

- Service documentation must be provided to case managers by the 10th business day of the month following service delivery
- Unit billing documentation must be provided to the case manager by the 10th business day of the month following the claim submission
- If documentation is not received case managers must submit the Provider Documentation Noncompliance form
- The Provider Documentation Noncompliance form is located in the HCBS Library, on the *DD Forms* tab

14

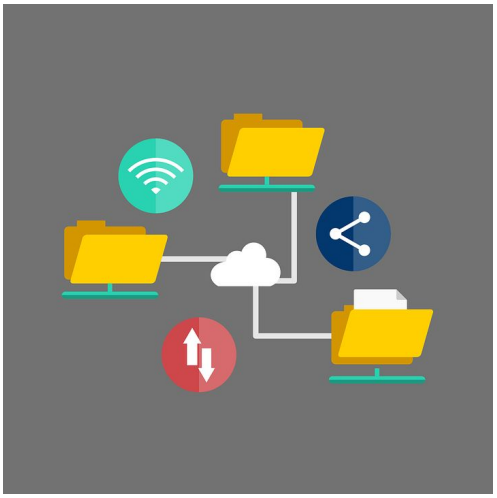
Providers must make EVV documentation available to case managers for review just like all other monthly documentation, including incident reports and medication assistance records when applicable. Chapter 45, Section 8 requires that all service documentation is submitted to the case manager by the 10th business day of the month following when services were provided. Providers are also required by rule to make unit billing information available to the case manager by the 10th business day of the month after the claims have been submitted for payment.

Following our example, Lucy always emails her documentation to Linus on the 5th of every month once she completes her billing. On August 10th, Linus reaches out to Lucy because he has not received the July documentation. Lucy states she has not had the opportunity to submit her billing claims yet. Linus reminds her that the service documentation is due on the 10th business day of the month following when the service was provided. Linus tells Lucy that after she submits her billing claims she has until the 10th business day of the next month to get him the unit information. Lucy thanks Linus for his help and sends over the service documentation.

If a provider fails to make documentation available to the case manager by the 10th business day of the month following the service provision as required, the case manager is then required to report the provider to the HCBS Section using the Provider Documentation noncompliance form on the HCBS Document Library page.

Documentation Exchange

- Providers & case managers must work together to determine how documentation will be received
- Providers must ensure case managers have guidance on accessing electronic documentation systems



15

Are providers required to print off all of the participant's service documentation and provide it to the case manager? Neither the HCBS Section, nor Chapter 45, are prescriptive about the process in which the records are provided. This means that the provider and case manager must work together to determine the most appropriate way to receive the documentation. Some providers using electronic systems are able to give case managers access to their records electronically, while other providers scan and email the monthly documentation, and still other providers give paper copies to case managers and keep the originals for their own records.

The HCBS Section encourages teams to work together to address documentation needs. However, it should be noted that providers that use electronic systems should ensure that case managers have a step by step guide on how to access the documentation they need to review.

Key Takeaways

- All Medicaid providers are required to document the services they provide. The specifics of what DD Waiver documentation must include is outlined in Chapter 45, Section 8.
- EVV does not meet all of the requirements outlined in Section 8 and therefore is not a substitute for service documentation.
- Providers must make all monthly documentation available to case managers by the 10th business day of the month after the service is provided. Providers and case managers must work together to ensure documentation is received as needed.

16

As we wrap up today's training session, let's discuss the key points of today's presentation:

- All Medicaid providers are required to document the services they provide. DD Waiver providers must provide additional information in their documentation to support the service claims.The specifics of what DD Waiver documentation must include is outlined in Chapter 45, Section 8.
- EVV is required for a number of waiver services. Without the required EVV data these service claims will not be processed and paid. EVV does not meet all of the requirements outlined in Section 8 and therefore is not a substitute for documentation. However, EVV can be a tool used to verify documented clock-in and out times for services and assist with scheduling staff, tracking hours, monitoring participant budget, and unit usage.
- Providers must make all monthly documentation available to case managers by the 10th business day of the month after the service is provided. This includes service documentation, EVV, incident reports, and medication assistance records when applicable. Providers and case managers must work together to ensure documentation is received as needed.

Thank you!

Questions can be asked in the Zoom Chat box now

Or by contacting the Credentialing team at

wdh-hcbs-credentialing@wyo.gov

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Thank you for joining us for today's training session. If you have questions at this time, please feel free to add them to the chat box.

If you have other questions or specific concerns, please feel free to reach out to the Credentialing team for more information.